

Revision: HCFA-PM-93- 5 (MB)
MAY 1993

Territory: Puerto Rico

Citation

3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

1902(a)(10)(E)(i) and
1905(p)(1) of the Act

(i) Qualified Medicare Beneficiary (QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.25 of ATTACHMENT 2.2-A, through the group premium payment arrangement, unless the agency has a Buy-in agreement for such payment, as indicated below.

Buy-In agreement for:

___ Part A ___ Part B

___ The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

Not Applicable

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1902(a)(10)(E)(ii)
and 1905(s) of the Act

(ii) Qualified Disabled and Working
Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iii)
and 1905(p)(3)(A)(ii)
of the Act

(iii) Specified Low-Income Medicare
Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

Not Applicable

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1843(b) and 1905(a)
of the Act and
42 CFR 431.625

(iv) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

- All individuals who are: a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) within a group listed at 42 CFR 431.625(d)(2).
- Individuals receiving title II or Railroad Retirement benefits.
- Medically needy individuals (FFP is not available for this group).

1902(a)(30) and
1905(a) of the Act

(2) Other Health Insurance

- The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

Not Applicable

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(1) Medicare Part A and B

1902(a)(30), 1902(n),
1905(a), and 1916 of the Act

Supplement 1 to ATTACHMENT 4.19-B
describes the methods and standards for
establishing payment rates for services covered
under Medicare, and/or the methodology for
payment of Medicare deductible and coinsurance
amounts, to the extent available for each of
the following groups.

Sections 1902
(a)(10)(E)(i) and
1905(p)(3) of the Act(i) Qualified Medicare Beneficiaries
(QMBs)

The Medicaid agency pays Medicare Part A and
Part B deductible and coinsurance amounts for
QMBs (subject to any nominal Medicaid
copayment) for all services available under
Medicare.

1902(a)(10), 1902(a)(30),
and 1905(a) of the Act(ii) Other Medicaid Recipients

The Medicaid agency pays for Medicaid services
also covered under Medicare and furnished to
recipients entitled to Medicare (subject to any
nominal Medicaid copayment). For services
furnished to individuals who are described in
section 3.2(a)(1)(iv), payment is made as
follows:

42 CFR 431.625

— For the entire range of services available
under Medicare Part B.

— Only for the amount, duration, and scope
of services otherwise available under this
plan.

1902(a)(10), 1902(a)(30),
1905(a), and 1905(p)
of the Act(iii) Dual Eligible--QMB plus

The Medicaid agency pays Medicare Part A and
Part B deductible and coinsurance amounts for
all services available under Medicare and pays
for all Medicaid services furnished to
individuals eligible both as QMBs and
categorically or medically needy (subject to
any nominal Medicaid copayment).

Not Applicable

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Citation

Condition or Requirement

1906 of the
Act

(c) Premiums, Deductibles, Coinsurance
and Other Cost Sharing Obligations

The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid copayment) for eligible individuals in employer-based cost-effective group health plans.

When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in section 4.22(h).

1902(a)(10)(F)
of the Act

(d) ☒ The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.

TN No. 92-8

Supercedes

TN No.

New

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